



THE PHYSICIAN'S *Bookshelf*

PROCEEDINGS OF THE FOURTH NATIONAL CANCER CONFERENCE—University of Minnesota, Minneapolis, Minnesota, September 13 to 15, 1960—Sponsored by American Cancer Society, Inc., and National Cancer Institute, U. S. Public Health Service, J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pennsylvania, 1961. 774 pages, \$9.00.

The theme of the Fourth National Cancer Conference was "Changing Concepts." In a keynote address, Shimkin requested that the panelists emphasize the importance of clinical investigation where established facts do not fit prevailing beliefs. The reviewer is unhappy to report that little heed was paid to this injunction. A notable example of this disregard for facts was the conclusion of the panel on cancer of the lung, that improvement must be sought in the earliest possible detection of lung cancer while it is still a localized lesion. Such devotion to dogma is a well nigh incredible refusal of clinicians to face facts. Guiss has shown that, in cases discovered by a mass x-ray survey in Los Angeles, the most important prognostic factor was an asymptomatic patient, but the size of the primary lesion bore no relation either to resectability or curability. Further evidence of the difference in lung cancer as between males and females was demonstrated by a significant difference in survival after resection of localized lesions—30 per cent for males, 62 per cent for females, in terms of survival for 5 years.

Some interesting observations culled from the eight panels (breast, lung, female genital tract, gastrointestinal tract, male genitourinary tract, leukemias and lymphomas, skin, head and neck) include the following. Preoperative irradiation for rectal carcinoma may provide a significant improvement in survival. Single-stage radical vulvectomy for vulvar carcinoma has produced five-year survival figures as high as 70 per cent. Extracts and concentrates from human neoplasms have been inoculated into tissue cultures and newborn hamsters and mice by Sarah Stewart of the National Cancer Institute, discoverer of the polyoma virus. In carefully controlled studies, she was unable to demonstrate oncogenic viruses in human tissue from patients with leukemia of myelogenous and lymphocytic types, both acute and chronic, melanoma, Wilms' tumor, neuroblastoma, papilloma of the tongue, a mesenchymal neoplasm and urine specimens from five cancer patients. In the therapy of lymphoblastomas, the superiority of irradiation for Hodgkin's disease was again demonstrated, while chlorambucil was favored for chronic lymphatic leukemia.

It is disturbing to learn that only 85 per cent of the squamous carcinoma of the skin is being controlled permanently, that 3,000 to 5,000 are dying of skin cancer yearly in the U. S. This is the same rate as noted in the previous decade. This evoked a cry for education of physicians in "early" diagnosis; to me it seems more likely that some part of this 15 per cent represent the biologically unresponsive cases, incurable by present means of therapy.

In survival rates the California Tumor Registry made notable contributions, including two special presentations by the supervisor, George Linden, M.P.H. Survival experience with a sample of 212,638 patient from 99 hospitals is presented in a figure at the end of the volume, comparing crude 5-year survival rates for 24 anatomic sites for types of cancer, for cases diagnosed before 1950, for males and females separately, with the same rates in cases diagnosed since 1950. The instances in which the difference is more than chance are as follows: Colon, up 7 per cent in both sexes, to 28 per cent in males and 34 per cent in females; uterine cervix and corpus, 53 per cent and 65 per cent for the latter years, or increases of +6 per cent and +5 per cent; thyroid gland, up 6 and 12 per cent, males and females; basal cell carcinoma of skin, off 9 per cent in males, and less by 5 per cent in females (to 71 and 80 per cent). The latter is difficult to explain, but something of a national disgrace.

This volume belongs in the library of anyone with more than a desultory interest in cancer therapy. The book is handsomely bound, and of the same admirable format in which the journal *Cancer* is printed.

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RECOGNIZING THE DEPRESSED PATIENT—With Essentials of Management and Treatment—Frank J. Ayd, Jr., M.D., Diplomate, American Board of Neurology and Psychiatry; Fellow, American Psychiatric Association; Chief of Psychiatry, Franklin Square Hospital, Baltimore, Maryland. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, N. Y., 1961. 138 pages, \$3.75.

As the author states, depressions are among the most common illnesses encountered by the general practitioner. Because of the great variety of presenting complaints in these conditions, depressive illnesses are not properly diagnosed in the early stages. The author has written this monograph to assist the nonpsychiatrist in the recognition of depressive illnesses. The material in this book is based upon a review of 500 cases of depressive illness and upon the author's personal experience. Among others, the chapter titles include: Physical Symptoms, Emotional Symptoms, Psychic Symptoms, Suicide and Homicide, and Treatment. The organization of each chapter into many small sections makes for ease of reading. One might quarrel with the author's tendency to ascribe etiology primarily to diencephalic malfunction. Although psychodynamic formations are minimized both in etiology and treatment, the author does display a sensitivity and concern regarding the importance of the physician-patient relationship. This little book has a practical orientation, and may be read with profit by any physician. Even experienced psychiatrists will find points of interest. Some case history material is included and a brief bibliography is appended.

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